



ADMINISTRATIVE BUDGET
Child and Adult Care Food Program

Attachment M

12

SPONSORING ORGANIZATION _____

BUDGET PERIOD: October 1, 2011 through September 30, 2012

PART A - EXPENSES:

1 SALARIES (Complete and attach Salaries Table)

	A	B	C	D	E
	Budget Amount	% of Total	Over 5%	PA/SPWA/%	Comments
1.1 CACFP Regular Personnel	\$ 2,000.00	77%	Y		See Staff Table S
1.2 Temporary Labor contracted		0%	N		See Staff Table S
1.3 Fringe	\$ 250.00	10%	Y		See Staff Table S
1.4 Other - Overtime	\$ 200.00	8%	Y	SPWA	Form R is attached

SPWA is requested for overtime? Y/N

Refer to attachment: _____

2 OPERATION EXPENSE

	A	B	C	D	E
	Budget Amount	% of Total	Over 5%	PA/SPWA/%	Comments
2.1 Rent/Use Allowance		0%	N		
2.2 Utilities - Specify		0%	N		
2.3 Maint. Bldg/Grounds	\$ 99.00	4%	N	SPWA	SPWA Form R Attached
2.4 Trash/Exterminating		0%	N		
2.5 Insurance of Building/Contents		0%	N		
2.6 Real Estate Taxes	\$ 32.00	1%	N	22.50%	CACFP allocated agency exp
2.7 Relocation/Moving Exp.		0%	N		
2.8 Office Supplies		0%	N		
2.9 Printing		0%	N		
2.10 Advertising		0%	N		
2.11 Office Equipment		0%	N		
2.12 Maintenance Agreements		0%	N		
2.13 PC Hardware/Peripheral Eqpt.		0%	N		
2.14 PC Software		0%	N		
2.15 PC Supplies		0%	N		
2.16 Maint/PC Repair		0%	N		
2.17 Postage		0%	N		
2.18 Telephone Service		0%	N		
2.19 Telephone Eqpt/Repair		0%	N		
2.20 Other-Specify		0%	N		

3 CONTRACTUAL SERVICES

3.1 Accounting Services		0%	N		
3.2 Audit (Over Program Grant)		0%	N		
3.3 PC Services		0%	N		
3.4 Legal-Specify		0%	N		
3.5 Consultant-Specify		0%	N		
3.6 Other-Specify		0%	N		

4 TRAVEL/TRANSPORTATION FOR MONITORING

4.1 Mileage (Miles x .555)		0%	N		
4.2 Lodging		0%	N		
4.3 Per Diem		0%	N		
4.4 Other-Specify		0%	N		

5 TRAINING FOR STAFF IN-STATE

5.1 Registration Fees		0%	N		
5.2 Mileage (Miles x .555)		0%	N		
5.3 Lodging		0%	N		
5.4 Per Diem		0%	N		
5.5 Prof. Publications/Resources		0%	N		
5.6 Orgzn Dues/Subscriptions		0%	N		
5.7 Other-Specify		0%	N		

6 TRAINING FOR STAFF OUT-OF-STATE

6.1 Registration Fees		0%	N		
6.2 Mileage (Miles x .50)		0%	N		
6.3 Airfare		0%	N		
6.4 Lodging		0%	N		
6.5 Per Diem		0%	N		
6.6 Taxi/Parking		0%	N		
6.7 Other-Specify		0%	N		

7 PROVIDER SERVICES

7.1 Resource/Reference Materials		0%	N		
7.2 Workshops/Training		0%	N		
7.3 Speaker Fees		0%	N		

8 INDIRECT COSTS

(If this item is used, please submit your allocation plan and procedures, including requests for SPWA.)

8.1 Cost Allocation					
All items sections 1-8	TOTAL	\$ 2,581.00			

Note: For items in yellow, a SPWA submitted at the time of renewal should cover entire fiscal year and does not need to be re-submitted at the time of the expenditure.

PART B – REIMBURSEMENT INCOME

0

Anticipated income from CACFP administrative funds:

Use the average number of homes that have claimed over the last 6 months in the calculation below.

		Providers	1 yr	Rate	Income
1.1	Number of homes (1-50) is	0	12	\$ 106.00	\$ -
1.2	Number of homes (51-200) is	0	12	\$ 81.00	\$ -
1.3	Number of homes (201-1000) is	0	12	\$ 63.00	\$ -

Anticipated CACFP income from other sources

2.1	Sale of print materials	
2.2	Other – Specify	
TOTAL ANTICIPATED ADMINISTRATIVE REIMBURSEMENT/INCOME		\$ -

List the average number of homes in your sponsorship for the five most recent Federal fiscal years:

2007 - _____ homes	0
2008 - _____ homes	0
2009 - _____ homes	0
2010 - _____ homes	0
2011 - _____ homes	0
	0 Average

List source and amount of donations to CACFP. (Note: If donations to your organization are not specifically designated to CACFP, they are NOT considered CACFP donations.)

I hereby certify that the information on this form and the budget attachment is true and correct to the best of my knowledge. I understand that this information is being given in conjunction with the receipt of federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

SIGNATURE OF SPONSOR'S AUTHORIZED REPRESENTATIVE

DATE

Attachment M Instructions:

- Column A Type budget amount requested by line description
 Column B Calculates the line amount as a % of the total budget
 Column C Indicates if a line item requires justification if over 5.0% of the total budget. Indicate the attachment of your justification in column E (Not required for staff salaries or travel)
 Column D Enter PA for prior approval, SPWA for Specific Prior Approval, or enter the Cost Allocated % of expense applied to CACFP
 Column E Comments as needed for column C or D, always indicate which documentation is attached
 Specific Prior Written Approval means.:

Costs requiring specific prior written approval are not customarily incurred in the routine operation of the CACFP but can sometimes be necessary and reasonable for proper and effective Program operations. The institution must specifically identify and request approval of these costs during the annual budget approval process or submit a separate request to the State agency. Approval of a budget line item does not constitute adequate specific written prior approval for these costs. Whether submitted during the budget approval process or separately, the State agency must approve or deny the requested cost in writing. Since a cost requiring specific prior written approval is an amendment to the institution's budget, the timeframes established in 7 CFR 226.6(b)(10) apply. The State agency must approve or deny a complete and correct request within 30 days of receipt. Approval of cost is never a guarantee of funding. Addition requirements may apply. Reference: USDA FNS Instruction 796-2, Rev. 3, Brochure #4 Approval Requirements.

A partial list of SPWA required budget item includes:

Contracted Labor; Maintenance and/or Service Agreement(s); Contractual and/or Consulting Service(s) (including accounting and software); Facility, Equipment and Vehicle Depreciation Schedule(s); Leases or Purchases of equipment, furniture, or vehicles in excess of \$5000.00, subject to procurement standards; and Overtime.